



AdaCountyParamedics

Community Paramedic

Medication discrepancy

Medication Discrepancy Event Description.

Medication # ____ (in correlation with med rec form)

Causes and contributing factors / Patient

1. <input type="checkbox"/> Adverse drug reaction or side effect	5. <input type="checkbox"/> Financial barrier
2. <input type="checkbox"/> Intolerance	6. <input type="checkbox"/> Non-compliance
3. <input type="checkbox"/> Did not fill prescription	7. <input type="checkbox"/> Non-intentional non-compliance
4. <input type="checkbox"/> Didn't need prescription	8. <input type="checkbox"/> Lack of understanding

Causes and contributing factors / System

1. <input type="checkbox"/> Prescribed with known allergies/ intolerance	5. <input type="checkbox"/> Duplication (Multiple drugs with the same action)
2. <input type="checkbox"/> Conflicting information (discharge order vs. pill bottle)	6. <input type="checkbox"/> Incorrect dose
3. <input type="checkbox"/> Confusion between Brand name vs. generic	7. <input type="checkbox"/> Incorrect quantity
4. <input type="checkbox"/> Discharge instructions (incomplete, inaccurate illegible)	8. <input type="checkbox"/> Incorrect label
	9. <input type="checkbox"/> Un-recognized cognitive impairment
	10. <input type="checkbox"/> Un-recognized sight / dexterity impairment

Resolution: Check all that apply

1. <input type="checkbox"/> Discussed potential benefits and harm that may result from non-compliance
2. <input type="checkbox"/> Encouraged the Pt. to contact PCP/specialist about the problem.
3. <input type="checkbox"/> Encouraged the Pt. to schedule an appointment with PCP/specialist to discuss the problem at the next visit
4. <input type="checkbox"/> Encouraged the Pt. to consult with their pharmacist about the problem.
5. <input type="checkbox"/> Addressed performance / knowledge deficit
6. <input type="checkbox"/> Provided resource information to facilitate adherence
7. <input type="checkbox"/> Other _____

Medication Discrepancy Event Description.

Medication # ____ (in correlation with med rec form)

Causes and contributing factors / Patient

9. <input type="checkbox"/> Adverse drug reaction or side effect	13. <input type="checkbox"/> Financial barrier
10. <input type="checkbox"/> Intolerance	14. <input type="checkbox"/> Non-compliance
11. <input type="checkbox"/> Did not fill prescription	15. <input type="checkbox"/> Non-intentional non-compliance
12. <input type="checkbox"/> Didn't need prescription	16. <input type="checkbox"/> Lack of understanding

Causes and contributing factors / System

11. <input type="checkbox"/> Prescribed with known allergies/ intolerance	15. <input type="checkbox"/> Duplication (Multiple drugs with the same action)
12. <input type="checkbox"/> Conflicting information (discharge order vs. pill bottle)	16. <input type="checkbox"/> Incorrect dose
13. <input type="checkbox"/> Confusion between Brand name vs. generic	17. <input type="checkbox"/> Incorrect quantity
14. <input type="checkbox"/> Discharge instructions (incomplete, inaccurate illegible)	18. <input type="checkbox"/> Incorrect label
	19. <input type="checkbox"/> Un-recognized cognitive impairment
	20. <input type="checkbox"/> Un-recognized sight / dexterity impairment

Resolution: Check all that apply

8. <input type="checkbox"/> Discussed potential benefits and harm that may result from non-compliance
9. <input type="checkbox"/> Encouraged the Pt. to contact PCP/specialist about the problem.
10. <input type="checkbox"/> Encouraged the Pt. to schedule an appointment with PCP/specialist to discuss the problem at the next visit
11. <input type="checkbox"/> Encouraged the Pt. to consult with their pharmacist about the problem.
12. <input type="checkbox"/> Addressed performance / knowledge deficit
13. <input type="checkbox"/> Provided resource information to facilitate adherence
14. <input type="checkbox"/> Other _____